



## Supplemental Application Data Sheet

### **Application Information**

Application number:: 10/582,703  
Filing Date:: I.A. Filing Date 12/13/2004  
Application Type:: Regular  
Subject Matter:: Utility  
Suggested classification::  
Suggested Group Art Unit::  
CD-ROM or CD-R??::  
Number of CD disks:: 1  
Number of copies of CDs:: n/a  
Sequence Submission:: Yes  
Computer Readable Form (CRF)?:: Yes  
Number of copies of CRF::  
Title:: IMMUNOGENIC PEPTIDES OF XAGE-1  
Attorney Docket Number:: 015280-485100US  
Request for Early Publication:: No  
Request for Non-Publication:: No  
Suggested Drawing Figure::  
Total Drawing Sheets::  
Small Entity?:: No  
Petition included?:: No  
Licensed US Govt. Agency::  
Contract or Grant Numbers One::  
Secrecy Order in Parent Appl.?:: No

### **Applicant Information**

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: US  
Status:: Full Capacity  
Given Name:: Jay  
Middle Name:: A.  
Family Name:: Berzofsky  
Name Suffix::  
City of Residence:: Bethesda  
State or Province of Residence:: MD  
Country of Residence:: US  
Street of Mailing Address:: 5908 Bradley Avenue  
City of Mailing Address:: Bethesda  
State or Province of mailing address:: MD  
Country of mailing address:: US  
Postal or Zip Code of mailing address:: 20814-1107

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: US  
Status:: Full Capacity  
Given Name:: Ira  
Middle Name:: H.  
Family Name:: Pastan  
Name Suffix::  
City of Residence:: Potomac  
State or Province of Residence:: MD  
Country of Residence:: US  
Street of Mailing Address:: 11710 Beall Mountain Road  
City of Mailing Address:: Potomac  
State or Province of mailing address:: MD  
Country of mailing address:: US  
Postal or Zip Code of mailing address:: 20854

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: Japan  
Status:: Full Capacity  
Given Name:: Masaki  
Middle Name::  
Family Name:: Terabe  
Name Suffix::  
City of Residence:: Bethesda  
State or Province of Residence:: MD  
Country of Residence:: US  
Street of Mailing Address:: 7007 Clarendon Road  
City of Mailing Address:: Bethesda  
State or Province of mailing address:: MD  
Country of mailing address:: US  
Postal or Zip Code of mailing address:: 20814

### **Correspondence Information**

Correspondence Customer Number:: 45115

### **Representative Information**

Representative Designation::	Representative Number::	Representative Name::
Primary	30,617	Guy W. Chambers
Associate	35,551	Laurence J. Hyman

### **Domestic Priority Information**

Application::	Continuity Type::	Parent Application::	Parent Filing Date::
This Application	National Stage of  An Appn claiming benefit under 35 USC 119(e) of	PCT/US2004/0416 39 60/529,025	December 13, 2004 12/12/03

### **Foreign Priority Information**

Country:: Application number:: Filing Date::

### **Assignee Information**

Assignee Name::	The Government of the United States, As Represented by the Secretary of Health and Human Services
Street of mailing address::	6011 Executive Bolevard, Ste. 325
City of mailing address::	Rockville
State or Province of mailing address::	MD
Country of mailing address::	US
Postal or Zip Code of mailing address::	20852-3804